

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 OF 23
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

North Carolina Medical Society Federal Political Education and Action Committee

Full Name (Last, First, Middle Initial)

A. Reza E Ershadi

Mailing Address 850 WH Smith Boulevard

City State Zip Code
 Greenville NC 27834

FEC ID number of contributing
federal political committee.

C

Name of Employer

Coastal Carolina Cardiology

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 01 / 03 / 2012

Transaction ID : SA11AI.14353

Amount of Each Receipt this Period

250.00

Voluntary member contribution

Full Name (Last, First, Middle Initial)

B. George Escaravage

Mailing Address 1120 Medical Center Drive

City State Zip Code
 Wilmington NC 28401

FEC ID number of contributing
federal political committee.

C

Name of Employer

Coastal Carolina Eye Clinic

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 02 / 27 / 2012

Transaction ID : SA11AI.14452

Amount of Each Receipt this Period

250.00

Voluntary member contribution

Full Name (Last, First, Middle Initial)

c. Dr. Gary U. Fontana

Mailing Address 850 WH Smith Boulevard

City State Zip Code
 Greenville NC 27834

FEC ID number of contributing
federal political committee.

C

Name of Employer

Vidant Cardiology, PA

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 03 / 01 / 2012

Transaction ID : SA11AI.14476

Amount of Each Receipt this Period

250.00

Voluntary member contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

750.00